PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patient and Trademany Office; U.S. Department of the Commence of the C

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/563,592			ing Date 06/2006	To be Mailed
	Al	AS FILE	SMALL	ENTITY [OR		HER THAN				
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A	ı	N/A	TEE (a)		N/A	TEE (0)
	SEARCH FEE	or (c))	N/A		N/A	ı	N/A			N/A	
H	(37 CFR 1.16(k), (i), EXAMINATION FE		N/A		N/A		N/A			N/A	
	(37 CFR 1.16(o), (p), FAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		OIL	x s =	
(37	CFR 1.16(h))	If the	If the specification and drawing		re evened 100	ı	A # -			A -	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	n size fee due							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	07/08/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(1))	• 13	Minus	·· 20	= 0	ı	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1801)		Minus	**		i	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))		Minus	***	-		x \$ =		OR	x s =	
ä	Application Size Fee (37 CFR 1.16(s))								ı		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
•							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Prevousy Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Prevousy Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Prevousy Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Prevousy Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to concess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. This collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the Child information Officer. U.S. Fattern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Pattern 1, Po.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS